

11-26-01

7

11/06/01

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> (for nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.	LOJO.81410
	Express Mail No.	EL276178193US

Box Patent Application  
 Commissioner for Patents  
 Washington, D.C. 20231

Inventor(s): Joseph P. Lochner

Title: REMOTE CHILD LOCATOR ALARM

Enclosed are:

14	pages of specification including abstract
1	sheet(s) of drawings
	an assignment of the invention to:
X	Declaration of Inventor(s): <input type="checkbox"/> Newly executed <input type="checkbox"/> Copied from a prior application (for contin/div)
	Incorporation by Reference: the entire disclosure of the prior application, from which the copy or copies of the oath or declaration is supplied, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
X	small entity status is claimed.
	a small entity status was claimed or filed in prior application; status still proper and desired.
	Information Disclosure Statement/PTO-1449/Copies of IDS citations.
	other:

11/06/01  
 09/993144  
 11/06/01

If a Continuing Application: Check appropriate box, and supply the requisite information below:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-Part (CIP)	of prior application No.
Prior application information:	Examiner:	Group Art Unit:	

### CLAIMS AS FILED

	NUMBER FILED	NUMBER EXTRA	RATE	FEE
BASIC FEE			\$740	\$ 740
TOTAL CLAIMS	5 - 20 =	0	X \$ 18	\$ 0
INDEPENDENT CLAIMS	1 - 3 =	0	X \$ 84	\$ 0
MULTIPLE DEPENDENT CLAIM PRESENT			\$280	\$
* Number extra must be zero or larger				TOTAL \$ 740
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.				SMALL ENTITY TOTAL \$ 370

X	A check in the amount of \$370.00 to cover the filing fee is enclosed.
X	Commissioner is hereby authorized to charge/credit Deposit Acct. No. 19-2112 as described below. Enclosed is a duplicate of this sheet.
	Charge the amount of \$ _____ as filing fee.
X	Credit any overpayment.
X	Charge any additional filing fees required under 37 CFR 1.16 and 1.17.

*[Signature]*  
 Signature

11/06/01  
 Date

Correspondence Address: →

Name: B. Trent Webb  
 SHOOK, HARDY & BACON L.L.P.  
 1200 Main Street  
 Kansas City, MO 64105-2118

Reg. No.: 40,865

Phone: 816-474-6550  
 Fax: 816-421-5547